



DeKalb Workforce Development
Where Workforce Comes Together

DeKalb Workforce Development

WIOA Grievance and Complaint Information Form

Workforce Innovation and Opportunity Act (WIOA) Participants must fill out this form in order to log an official complaint against a local area that is a sub-recipient of WIOA Title I funds. The completed form must be submitted at the local area to the following:

DeKalb Workforce Development (DWD)

Attn: Sandeep Gill, EEO Officer

774 Jordan Lane, Building 4, Decatur, GA 30033

Phone: (404) 687-3437 Fax: (404) 687-4099

Electronic submissions should be sent to: sgill@dekalbcountyga.gov

1) Participant Information:

Name _____

Home Number _____

Address _____

Work Number _____

City, State, and Zip _____

Email _____

2) DWD Information:

Representative involved in the complaint _____

Email address of representative involved _____

To your best recollection on what date(s) did the event(s) take place that gave rise to this complaint?

Date of first occurrence: _____

Date of most recent occurrence: _____

3) What is the most convenient time and place for us to contact you about this complaint?

4) Have you ever attempted to resolve this complaint with DWD? ☐ No ☐ Yes

a. Have you been provided with a final decision regarding your complaint?

☐ No ☐ Yes

Date of final decision (if any) _____



b. Have 90 days elapsed since you filed or attempted to file this complaint at DWD?

☐ No ☐ Yes

Date you filed or attempted to file your complaint at DWD _____

FOR GRIEVANCES/ DISCRIMINATION ONLY – COMPLETE 5 THROUGH 13

5) To your best recollection on what date (s) did the discrimination take place?

Date of first occurrence _____

Date of most recent occurrence _____

6) Explain as briefly and clearly as possible what happened and how you were discriminated against. Please indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.

7) Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (Check one)

<input type="checkbox"/> Race: Specify	<input type="checkbox"/> Color: Specify
<input type="checkbox"/> Religion: Specify	<input type="checkbox"/> National Origin: Specify
<input type="checkbox"/> Gender: Specify [] Male [] Female	<input type="checkbox"/> Age: Specify Date of Birth:
<input type="checkbox"/> Disability: Specify	<input type="checkbox"/> Sexual Harassment: Specify
<input type="checkbox"/> Citizenship: Specify	<input type="checkbox"/> Political Affiliation: Specify
<input type="checkbox"/> Other: Specify	<input type="checkbox"/> Reprisal/Retaliation: Specify

8) What other information do you think is relevant to your complaint?

9) If this complaint is resolved to your satisfaction, what remedies do you seek?

10) Please list below any persons (witnesses, or others) that we may contact for additional information to support or clarify your complaint:

Name: _____

Address: _____

Telephone Number: _____



11) Do you have an attorney?

☐ No ☐ Yes

If yes, please provide name, address and phone:

Attorney Name _____

Attorney Address _____

Attorney Telephone Number _____

12) Have you filed a case or complaint with any of the following?

- ☐ Georgia Department of Economic Development, Workforce Division
- ☐ Civil Rights Division, U.S. Department of Justice
- ☐ U.S. Equal Employment Opportunity Commission
- ☐ Federal or State court
- ☐ Your State or local Human Relations/Rights Commission

13) For each item checked in #12 above, please provide the following Information:

Agency _____

Date Filed _____

Case or Docket Number _____

Date of Trial or Hearing _____

Location of agency or court _____

Name of Investigator _____

Status of Case _____

Comment _____:

PLEASE NOTE THAT BY SIGNING AND SUBMITTING THIS FORM (ELECTRONICALLY OR VIA MAIL); YOU ARE
ACKNOWLEDGING THAT ALL OF THE INFORMATION PRESENTED IS ACCURATE AND NOT FRAUDULENTLY REPORTED.

Print Name

Signature

Date